

CONTRACT DATA REQUIREMENTS LIST
(1 Data Item)Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 440 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.

A. CONTRACT LINE ITEM NO. B. EXHIBIT C. CATEGORY:
TDP _____ TM _____ OTHER _____D. SYSTEM/ITEM
Stryker Proof of Enablers E. CONTRACT/PR NO. F. CONTRACTOR1. DATA ITEM NO.
A078 2. TITLE OF DATA ITEM
Requirements/Design Description (RDD) for
Changes to Stryker System Design in Support of 3. SUBTITLE4. AUTHORITY (Data Acquisition Document No.) 5. CONTRACT REFERENCE 6. REQUIRING OFFICE
SFAE-GCSS-W-BCT(PM BCT)7. DD 250 REQ 9. DIST STATEMENT
REQUIRED 10. FREQUENCY
Once 12. DATE OF FIRST SUB.
60 days after ICWG 14. DISTRIBUTION
a. ADDRESSEE b. COPIES
Draft Final
Reg Repro8. APP CODE 11. AS OF DATE 13. DATE OF SUBS. SUB.
16. REMARKS
Shall be delivered in contractor format in both hard copy and electronic (MS Word) form.PM BCT 1 2 1
15. TOTAL -----> 1 2 1

G. PREPARED BY H. DATE I. APPROVED BY J. DATE

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

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A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____
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D. SYSTEM/ITEM Stryker Proof of Enablers	E. CONTRACT/PR NO.	F. CONTRACTOR GDLS
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1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A079	Phase 1 Test Plan	

4. AUTHORITY <i>(Data Acquisition Document No.)</i>	5. CONTRACT REFERENCE	6. REQUIRING OFFICE SFAE-GCS-W-BCT(PM BCT)
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7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY ONCE	12. DATE OF FIRST SUB. 30 days prior to test	14. DISTRIBUTION			
8. APP CODE		11. AS OF DATE	13. DATE OF SUBS. SUB.	a. ADDRESSEE	Draft	b. COPIES	
						Reg	Repro

[illegible]

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D. SYSTEM/ITEM Stryker Proof of Enablers	E. CONTRACT/PR NO.	F. CONTRACTOR
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1. DATA ITEM NO.	2. TITLE	3. SUBTITLE
A080	POE Data Item/Design Description (RDD) for Changes to Stryker Software Interfaces in Support of POE"	

4. AUTHORITY <i>(Data Acquisition Document No.)</i>	5. CONTRACT REFERENCE	6. REQUIRING OFFICE SFAE-GCSS-W-BCT(PM BCT)
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7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY Once	12. DATE OF FIRST SUB. 90 days after ICWG	14. DISTRIBUTION			
8. APP CODE		11. AS OF DATE	13. DATE OF SUBS. SUB.	a. ADDRESSEE	Draft	b. COPIES	
						Reg	Repro

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Identifies changes to existing Interface Design Descriptions (IDD) for Stryker.

[illegible]

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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____			
D. SYSTEM/ITEM Stryker Proof of Enablers		E. CONTRACT/PR NO.		F. CONTRACTOR GDLS			
1. DATA ITEM NO. A081	2. TITLE OF DATA ITEM Phase 1 Test Results/Report			3. SUBTITLE			
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE		6. REQUIRING OFFICE SFAE-GCS-W-BCT(PM BCT)			
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY ONCE	12. DATE OF FIRST SUB. 30 days after test	14. DISTRIBUTION			
8. APP CODE		11. AS OF DATE	13. DATE OF SUBS. SUB.	a. ADDRESSEE	b. COPIES		
					Draft	Final	
						Reg	Repro
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15. TOTAL ----->				1	2	1	
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D. SYSTEM/ITEM Stryker Proof of Enablers			E. CONTRACT/PR NO.		F. CONTRACTOR GDLS							
1. DATA ITEM NO. A082		2. TITLE OF DATA ITEM Phase 2 Test Plan			3. SUBTITLE							
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE		6. REQUIRING OFFICE SFAE-GCS-W-BCT(PM BCT)							
7. DD 250 REQ		9. DIST STATEMENT REQUIRED		10. FREQUENCY ONCE		12. DATE OF FIRST SUB. 60 days prior to demo		14. DISTRIBUTION				
8. APP CODE				11. AS OF DATE		13. DATE OF SUBS. SUB.		a. ADDRESSEE				
								b. COPIES				
								Draft				
								Reg				
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D. SYSTEM/ITEM Stryker Proof of Enablers		E. CONTRACT/PR NO.		F. CONTRACTOR GDLS			
1. DATA ITEM NO. A083	2. TITLE OF DATA ITEM Phase 2 Test Results/Report			3. SUBTITLE			
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE		6. REQUIRING OFFICE SFAE-GCS-W-BCT(PM BCT)			
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1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A084	Phase 2 Revised ICD Inputs	

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE SFAE-GCS-W-BCT(PM BCT)
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